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APPLICANTS

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** CONTINUING DATA *****

This application is a CIP of 09/248,763 02/12/1999 PAT 6,149,620 and claims benefit of 60/096,150 08/11/1998
and claims benefit of 60/098,122 08/27/1998
which is a CIP of 08/795,686 02/05/1997 PAT 5,871,469
which is a CIP of 08/990,374 12/15/1997 PAT 6,109,268

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

01/11/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 31	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

ADDRESS

21394

TITLE

SYSTEMS AND METHODS FOR ELECTROSURGICAL TISSUE TREATMENT

FILING FEE RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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